

Immediate Postpartum Long-Acting Reversible Contraceptives (LARCs): Medicaid Health Plan Resource Guide

A GUIDE USED TO PROVIDE HEALTH PLANS PRE-IMPLEMENTATION RESOURCES FOR THE FLORIDA STATEWIDE LARC QUALITY IMPROVEMENT INITIATIVE.

FLORIDA MEDICAID QUALITY BUREAU – CLINICAL QUALITY REVIEW AND INITIATIVES

Medicaid Health Plan Role

The managed care plan's role is pivotal in the successful implementation of the **FL LARC QI** or **ACCESS LARC** initiative in clarifying and collaborating on policy, billing, and reimbursement barriers at the hospital level. Health plans should consider the following components when providing and billing for this inpatient service:

- ✓ **Determine the adequacy of payment**
- ✓ **Engage internal stakeholders/champions (administration, medical director, contracting and billing experts, quality improvement staff)**
- ✓ **Negotiate contracts with hospitals**
- ✓ **Promote provider and member education and awareness (e.g. family planning, dispelling myths)**
- ✓ **Assess baseline utilization and improvement**
- ✓ **Establish/implement systems to support billing methodologies of contracted hospitals**
- ✓ **Address programmatic edits that would impede reinsertion or removal of the device**

Pharmacy, billing, contracting, clinical and quality staff champions are **essential** to building administrative support and infrastructure, and promoting culture change within health systems (e.g., hospitals and health plans) to ensure this inpatient service is billed correctly and the device is stocked in physician offices and on hospital floors.

Hospital and Health Plan Contract Negotiations

Plans may have multiple contracts given their flexibility to negotiate with various hospitals and given their policies, procedures, and framework. Content to be addressed in contract negotiations include:

- Formulary Drug/Device for Reimbursement in the hospital
- Hospital Billing & Reimbursement Process and Agreement for Drug/Device
- Physician Billing & Reimbursement Process and Agreement for Service Rendered
- Enhancement of the communication and follow-up process between the health plan and physician to the hospital labor and delivery department to convey consent for immediate postpartum LARC insertion.

Billing and Reimbursement

In the fee for service (FFS) delivery system, Florida Medicaid reimburses for immediate postpartum placement of long acting reversible contraceptives (LARC) separate from the inpatient hospital labor and delivery Diagnosis Related (DRG) payments. Florida Medicaid FFS reimbursement policy change became effective October 1, 2016 and was communicated to Medicaid providers via the updated [Inpatient Hospital Services](#) coverage policy, effective July 11, 2016. This system change was implemented to support the Agency's goal of improving birth outcomes. Providers rendering services through the fee for service delivery system can seek reimbursement for LARC by utilizing the codes listed below:

Device Insertion and Removal Procedure Codes

CPT CODE	DESCRIPTION
11981	Insertion, non-biodegradable drug delivery implants
11982	Removal, non-biodegradable drug delivery implants
11983	Removal with reinsertion, non-biodegradable drug delivery implant
58300	Insertion of IUD
58301	Removal of IUD

LARC Device

HCPCS CODE	DESCRIPTION	NDC
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	52544003554; 00023585801
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	50419042101; 50419042301; 50419042308

LARC Device Cont'd

J7300	INTRAUTERINE COPPER CONTRACEPTIVE (Paragard)	51285020401
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	50419042201
*Q9984	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE (Kyleena), 19.5 MG	50419042401
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (Nexplanon)	00052433001

* systems are currently being updated to include this temporary code

Note: National Drug Codes (NDC) should be included. The only limit on these products is 1 unit per claim, up to 3 claims per year.

Medicaid health plans have the flexibility to negotiate mutually agreed upon reimbursement arrangements with their network providers. Each health plan may follow the fee for service methodology or use other payment methods. Other state sample provider bulletins related to billing and reimbursement changes for family planning and LARC services can be found in the [Appendix](#) section of this document.

Frequently Asked Questions (FAQs) – IPP LARCs

- **What happened to the Inpatient Hospital Service Coverage Policy for Long-Acting Reversible Contraceptives? When did this become effective?**

The Inpatient Hospital Service Coverage Policy for LARCs was updated. This became effective July 11, 2016.

- **Why was the Inpatient Hospital Service Coverage Policy for LARCs updated?**

In an effort to reimburse for immediate postpartum (IPP) placement of LARC devices separate from the inpatient hospital labor and delivery Diagnosis Related Group (DRG) payments. The Agency for Health Care Administration unbundled the payment for LARC from other postpartum services to reimburse for LARCs post-delivery.

- **Were providers and recipients made aware of this change to the coverage policy?**

On July 11, 2016, providers were notified via the [provider alert](#) and rule promulgation process regarding updates to 59G-4.150 F.A.C. The Agency issued a [provider alert](#) clarifying the Inpatient LARC reimbursement policy change.

- **Where can the LARC insertion and removal codes be located?**

The LARC insertion and removal codes are located in the Practitioner fee schedule at the following links; [Practitioner fee schedule](#).

- **Would a woman be able to make a choice about reproductive life planning options before she delivers her baby?**

Yes. A woman would be able to make a choice upfront prior to delivery.

- **At what point should providers counsel a pregnant woman and her support system on reproductive life planning options?**

Ideally, counseling and planning options should be discussed during the third trimester of pregnancy so that women can make a well-informed choice in advance of their delivery date. Health care providers should inform their patients of all reproductive life planning options during prenatal care visits and ensure the priorities, needs, and preferences of an individual woman are put first. Health plans can reinforce family planning options via educational outreach and program communications to their enrollees.

- **If a woman loses her Medicaid eligibility sometime after she delivers her baby and desires to have her IUD or implant removed, where could she go?**

LARC devices can be removed at local county health departments or family planning clinics located throughout the state, even if the member is no longer Medicaid eligible.

- **How should providers bill for an inpatient LARC service?**

Providers must use an ICD-10 diagnostic code (which will vary) from the Encounter for Contraceptive Management code Z30 series in ICD-10-CM to document LARC services provided after delivery. Physicians should continue to bill on the standard CMS 1500 claim form, using the applicable procedure code (CPT code). Hospitals should bill on the UB-04 claim form using the revenue code 636 **and** the procedure code (HCPCS) in order to be reimbursed the separate outlier payment (outside of DRG). Note: Providers should bill separately for their professional services. It does not include other related services, procedures, supplies, and devices that will continue to be included in the inpatient hospital diagnosis-related group or the birthing center all-inclusive reimbursement amount.

- **How should providers bill for a LARC device inserted during an inpatient hospital visit?**

To receive reimbursement for LARC devices, providers must submit an outpatient or pharmacy claim using the appropriate HCPCS codes associated with the service along with the specific National Drug Code (NDC) for the LARC provided. The HCPCS and NDC should match for the specific LARC device. The device is billed by the hospital and paid outside of the DRG, and the physician is paid for insertion.

- **Can the maximum (MAX) fees listed on the physician contract be copied to the inpatient contract?**

Yes.

- **Can a provider bill for LARC services when a Florida resident is out of the state (OOS)?**

Yes. Services can be billed by OOS Inpatient claim and the MAX fee would be paid as well.

- **Can providers bill for the LARC device Kyleena?**

As of 8/2017, systems are currently being updated to include this temporary code as a billable device.

- **How many claims should a provider submit for a LARC device per year?**

The only limit to the LARC device is 1 unit per claim, up to 3 claims per year.

- **Are there additional reimbursement limitations for LARC services?**

Yes, additional reimbursement limitations are as follows:

- Gender = Female
- Age = 10 – 59
- Includes ALIEN Benefit Plan
- Excludes Presumptive Eligibility for Pregnant Women (PEPW)
- Type of Bill (TOB) = Hospital (Inpatient ONLY)

- **Could a health plan increase the reimbursement rate for LARC services?**

Yes. The Reimbursement section (8.0) of the [Inpatient Hospital Services Coverage Policy](#) is only applicable to the Medicaid fee-for-service delivery system. Florida Medicaid health plans have the flexibility to negotiate payment arrangements with their network providers and do not have to follow the Medicaid fee-for-service reimbursement outlined in the Inpatient Hospital Services Coverage Policy.

- **What is the Florida (FL) LARC Quality Improvement Initiative? Who's participating?**

The FL LARC QI Initiative consists of two parts: 1) Immediate Postpartum (IPP) LARC Pilot conducted at University of Florida Health Jacksonville Hospital in partnership with the Northeast Florida Healthy Start Coalition (Magnolia Project), and UnitedHealthcare of Florida, a Medicaid health plan; and 2) Quality Improvement (QI) Project ('Access LARC') conducted by the Florida Perinatal Quality Collaborative (FPQC). The FPQC has established the "Access LARC" Initiative to provide training and resources in efforts to help Florida hospitals set up delivery and billing systems needed for IPP LARC implementation. If a hospital is interested in participating in this initiative, then visit the [Access LARC website](#) for more information.

The Agency is supporting this initiative in collaboration with key stakeholders and community partners (e.g., health plans, Florida Department of Health, and FPQC) to raise awareness on family planning options, provide operational guidance to the health plans, clarify any policy changes needed for immediate postpartum placement of LARC, and to improve access to various contraceptive methods among Florida residents, including vulnerable populations.

Appendix

A. Family Planning & LARC Resources

General family planning information

- [One Key Question™ Pregnancy Intention Questionnaire](#) (Oregon Health Plan)
- [CDC Show Your Love Campaign](#) – includes a preconception/inter-conception tool providers integrate in clinical practice and health plans may incorporate questions into their health assessments.

US Medical Eligibility Criteria (US MEC)

- CDC Use Contraceptives Guidelines - includes recommendations for using contraceptive methods by women and men who have certain characteristics and medical conditions.
- MEC Summary Chart ([English](#)) and ([Spanish](#))

Getting to Know Long-Acting Reversible Contraception (LARC)

- [LARC FAQs](#) - The American Congress of Obstetricians and Gynecologists (ACOG) presents answers to frequently asked questions (FAQs) regarding LARCs.
- [LARC First](#) – an evidence-based contraceptive care model that contains tools for practitioners, patients, and administrative staff necessary to successfully adopt CHOICE counseling into a provider practice.
- [CDC Birth Control Effectiveness](#) - Includes all available contraceptive methods by effectiveness; LARCS can be found on the top-tier.
- Compare Birth Control methods <https://www.bedsider.org/methods/matrix>
- [Intrauterine Device \(IUD\) Fact Sheet](#) - Brief information on IUDs for consumers.
- [Hormonal Implant Information](#) - Brief information on the hormonal implant for consumers.
- [ACOG Motivational Interviewing Behavior Change Tool](#)– recommended as the most appropriate counseling method for providers to employ during a woman’s (e.g., adolescents) prenatal care visit.

B. FL Medicaid Provider Alert – (Clarification) Long-Acting Reversible Contraceptive Inpatient Reimbursement (Fee-for-Service Delivery System)

To view the provider alert please visit the [Provider Message Archive](#) webpage on the FL Medicaid Web Portal. Type the following keywords to search- “inpatient”, “reversible”, “contraceptive”, or “postpartum”.

C. Center for Medicare, Medicaid, and CHIP Services Informational Bulletin

Review the CMCS Informational Bulletin titled, *State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception* that was issued on April 8, 2016. Web-link here: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib040816.pdf>

D. Other state sample provider bulletins

- **Alabama Medicaid** (March 2014): published a provider alert to their hospitals and physicians. Please note that ICD-9 codes are used given the timing of when they issued their alert. Access resource [here](#).
- **Connecticut Medical Assistance Program** (April 2016): issued a policy transmittal (PT) to providers and managed care plans. Access resource [here](#).
- **Illinois Department of Healthcare and Family Services (June 2015)**: published a hospital and reimbursement provider notice to enrolled hospitals, physicians, advanced nurse practitioners, Federally Qualified Centers, and Rural Health Clinics. Access resource [here](#).

References

One Key Question™ Pregnancy Intention Questionnaire (Oregon Health Plan)

Web-link: <http://scholarworks.uvm.edu/cgi/viewcontent.cgi?article=1470&context=graddis>

CDC Show Your Love Campaign – includes a preconception/inter-conception tool providers integrate in clinical practice and health plans may incorporate questions into their health assessments. Web-link:

https://www.cdc.gov/preconception/showyourlove/documents/Healthier_Baby_Me_Plan.pdf

US Medical Eligibility Criteria (US MEC)

CDC Use Contraceptives Guidelines - includes recommendations for using contraceptive methods by women and men who have certain characteristics and medical conditions. Web-link:

<https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>

MEC Summary Chart: (English) - https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf / (Spanish) -

https://www.cdc.gov/reproductivehealth/contraception/pdf/Summary-Chart_Spanish-Web-508_tagged.pdf

Getting to Know Long-Acting Reversible Contraception (LARC)

LARC FAQs - The American Congress of Obstetricians and Gynecologists (ACOG) presents answers to frequently asked questions (FAQs) regarding LARCs. Web-link: <https://www.acog.org/-/media/For-Patients/faq184.pdf?dmc=1&ts=20170807T1815245670>

LARC First – an evidence-based contraceptive care model that contains tools for practitioners, patients, and administrative staff necessary to successfully adopt CHOICE counseling into a provider practice. Web-link:

<http://www.larcfirst.com/counseling.html>

CDC Birth Control Effectiveness - Includes all available contraceptive methods by effectiveness; LARCS can be found on the top-tier. Web-link:

https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf

Compare Birth Control methods - <https://www.bedsider.org/methods/matrix>

Intrauterine Device (IUD) Fact Sheet - Brief information on IUDs for consumers. Web-link:

<http://www.reproductiveaccess.org/resource/iud-facts/>

Hormonal Implant Information - Brief information on the hormonal implant for consumers. Web-link:

<http://www.reproductiveaccess.org/wp-content/uploads/2014/12/implant.pdf>

ACOG Motivational Interviewing Behavior Change Tool– recommended as the most appropriate counseling method for providers to employ during a woman’s (e.g., adolescents) prenatal care visit. Web-link:

<https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Motivational-Interviewing-A-Tool-for-Behavior-Change>

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Web-link:

http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_ProviderAlerts/tabId/48/Default.aspx

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Other state sample provider bulletins

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http://medicaid.alabama.gov/news_detail.aspx?ID=8561

Connecticut Medical Assistance Program (April 2016): issued a policy transmittal (PT) to providers and managed care plans. Web-link:

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pb16_12.pdf&URI=Bulletins/pb16_12.pdf

Illinois Department of Healthcare and Family Services (June 2015): published a hospital and reimbursement provider notice to enrolled hospitals, physicians, advanced nurse practitioners, Federally Qualified Centers, and Rural Health Clinics. Web-link:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn150630a.aspx>